

TITLING AND LICENSING INSTRUCTIONS FOR OFFICIAL VEHICLES



**Department of Revenue
Motor Vehicle Bureau
P. O. Box 100
Jefferson City, MO 65105
(573) 526-3669**

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STATE DEPARTMENTS ELIGIBLE FOR OFFICIAL LICENSE PLATES

To provide consistency in titling all state of Missouri official license plates, state departments should title motor vehicles in the department's name as listed below. For example, motor vehicles owned by the Department of Revenue, Division of Taxation should be titled Mo Department of Revenue not Division of Taxation.

	<u>DEPARTMENT NAME</u>	<u>DEPARTMENT CODE</u>
1.	Mo Office of Administration	10
2.	Mo Dept of Agriculture	11
3.	Mo Dept of Conservation	12
4.	Mo Dept of Corrections	13
5.	Mo Dept of Economic Development	14
6.	Mo Dept of Elementary & Secondary Education	15
7.	Mo Dept of Health	16
8.	Mo Dept of Higher Education	17

CENTRAL MO STATE UNIVERSITY - WARRENSBURG
 NORTHWEST MO STATE UNIVERSITY - MARYVILLE
 SOUTHEAST MO STATE UNIVERSITY - CAPE GIRARDEAU
 SOUTHWEST MO STATE UNIVERSITY - SPRINGFIELD
 TRUMAN STATE UNIVERSITY - KIRKSVILLE
 UNIVERSITY OF MISSOURI - COLUMBIA
 UNIVERSITY OF MISSOURI - KANSAS CITY
 UNIVERSITY OF MISSOURI - ROLLA
 UNIVERSITY OF MISSOURI - ST. LOUIS
 HARRIS-STOWE STATE COLLEGE
 MISSOURI SOUTHERN STATE COLLEGE
 MISSOURI WESTERN STATE COLLEGE
 CROWDER COLLEGE
 EAST CENTRAL COLLEGE
 JEFFERSON COLLEGE
 LINCOLN UNIVERSITY
 LINN STATE TECHNICAL COLLEGE
 METROPOLITAN COMMUNITY COLLEGES
 LONGVIEW COMMUNITY COLLEGE
 MAPLE WOODS COMMUNITY COLLEGE
 PENN VALLEY COMMUNITY COLLEGE

DEPARTMENT NAME**DEPARTMENT CODE**

MINERAL AREA COLLEGE
MOBERLY AREA JUNIOR COLLEGE
NORTH CENTRAL COLLEGE
OZARK TECHNICAL COMMUNITY COLLEGE
ST. CHARLES COUNTY COMMUNITY COLLEGE
ST. LOUIS COMMUNITY COLLEGES
 ST. LOUIS COMMUNITY COLLEGE AT FLORISSANT VALLEY
 ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
 ST. LOUIS COMMUNITY COLLEGE AT MERAMEC
STATE FAIR COMMUNITY COLLEGE
THREE RIVERS COMMUNITY COLLEGE

- | | | |
|-----|---|---------|
| 9. | Mo Dept of Transportation | 18 & 19 |
| 10. | Mo Dept of Insurance | 20 |
| 11. | Mo Dept of Labor & Industrial Relations | 21 |
| 12. | Mo Dept of Mental Health | 22 |
| 13. | Mo Dept of Natural Resources | 23 |
| 14. | Mo Dept of Public Safety | 24 |
| 15. | Mo Dept of Revenue | 25 |
| 16. | Mo Dept of Social Services | 26 |
| 17. | Elected Officials/Special Issuance should be titled as follows: | |

Mo Governor's Office
Mo Lieutenant Governor's Office
Mo Secretary of State's Office
Mo Treasurer's Office
Mo Auditor's Office
Mo Attorney General's Office
Mo House of Representatives
Mo Senate
Mo Supreme Court

SECTION A - TITLING A STATE OWNED VEHICLE

The following documentation must be submitted to the Motor Vehicle Bureau:

■ APPLICATION FOR MISSOURI TITLE AND LICENSE (DOR-108)

- ★ The application must be completed in full and signed by an authorized agent for the Department;
- ★ The official name and address of the Department must be recorded on the application for title using standard abbreviations whenever possible as suggested on page 2 and 3 of this booklet. ***Do not list an agency within a department as the owner.***

NOTE: A Certificate of Title may be mailed to an agency within a department by completing the "mail to" information on the application for title.

For example, if the Department of Mental Health purchases a vehicle for the Rolla Regional Center, the owner's name and address on the title application should be listed as: **MO Dept of Mental Health, 1706 E Elm St, Jefferson City MO 65109.** A "mail to" name and address may be listed as *Rolla Regional Center, PO Box 1098, Rolla MO 65402.*

- ★ Complete the license transfer portion of the title application if a license plate is being transferred. Attachment A shows the correct way to complete a title application when transferring license plates if the title is to be mailed to a different address. A uniform name and address on all title applications will facilitate the transfer of license plates and ensure proper registration.

■ Submit the properly assigned Manufacturer's Statement of Origin or Certificate of Title.

NOTE: If the vehicle was previously titled in another state, Missouri law requires a current ID/OD inspection (Attachment B) to be completed by an official inspection station and to accompany the application for title. The inspection should verify the vehicle identification number and odometer reading displayed on the vehicle at the time of inspection.

- Odometer Disclosure Statement, DOR-319, (Attachment C) if applicable;

NOTE: If the ownership document is a non-conforming Manufacturer's Statement of Origin or Certificate of Title, an Odometer Disclosure Statement must be completed. A non-conforming ownership document does not have a place for the hand-printed names of the buyer and seller or a place for the purchaser to sign. It also will not meet federal odometer disclosure requirements. *Missouri titles issued prior to August 28, 1989, are non-conforming titles.*

SECTION B - REGISTRATION REQUIREMENTS

The following documents must be submitted to the Department of Revenue, Motor Vehicle Bureau, to obtain official license plates for a state owned vehicle:

- **APPLICATION FOR LICENSE ONLY (DOR-184, ATTACHMENT D);**
 - ★ The application must be completed and signed by an authorized agent for the department.
- **Proof of ownership; and**
 - ★ A copy of the title in the Department's name; or
 - ★ A validated pink registration receipt showing the applicant applied for title.
- **A Current safety/emissions inspection certificate not more than 60 days old, if applicable.**

NOTE: A vehicle emissions inspection is required for vehicles operating in the city of St. Louis, St. Louis County, St. Charles County or Jefferson County. This inspection applies only to passenger vehicles and commercial motor vehicles with a manufacturer's gross weight rating of 8,500 pounds or less.

SECTION C - TRANSFERRING OFFICIAL LICENSE PLATES

An official license plate may be transferred from one vehicle titled in a state Department's name to another vehicle already titled to the same Department. The license plate transfer must be reported to the Department of Revenue, Motor Vehicle Bureau, Jefferson City. Official license plates may be transferred at the time of titling a newly acquired motor vehicle as outlined under "Section A - Titling Requirements" or at a later date as outlined below:

- APPLICATION FOR LICENSE ONLY, DOR-184, completed and signed; and

NOTE: The owner's name must be recorded exactly as it appears on the Missouri Certificate of Title. The license transfer information blocks on the application must be completed as shown in Attachment D.

- A current safety/emissions inspection certificate not more than 60 days old, if applicable.

NOTE: A vehicle emissions inspection is required for vehicles operating in the city of St. Louis, St. Louis County, St. Charles County or Jefferson County. This inspection applies only to passenger vehicles and commercial motor vehicles with a manufacturer's gross weight rating of 8,500 pounds or less.

SECTION D - REPLACEMENT LICENSE PLATES

If an official license plate is lost, stolen or mutilated, you must apply for replacement plates by completing an APPLICATION FOR REPLACEMENT PLATE(S)/TABS(S), DOR-1576 (Attachment E). This application must be completed, signed, notarized and submitted to the Motor Vehicle Bureau in Jefferson City.

NOTE: It takes approximately two weeks to manufacture replacement license plates. The replacement plates will be mailed to the address listed on the application.

SECTION E - SURRENDERING OFFICIAL LICENSE PLATES

Official license plates must be surrendered to the Department of Revenue, Motor Vehicle Bureau when a vehicle is sold and will not be replaced.

SECTION F - ADDRESS AND TELEPHONE NUMBER

When submitting information to this office to title and register a state owned vehicle, please send it to the MISSOURI DEPARTMENT OF REVENUE, MOTOR VEHICLE BUREAU, POST OFFICE BOX 100, JEFFERSON CITY, MISSOURI 65105-0100. If you have additional questions pertaining to state owned vehicles, you may contact our office at (573) 526-3669.

ANY FALSE STATEMENT IN THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (301.420 RSMo)

TRANS TYPE <input type="checkbox"/> RENEWAL/TRANSFER PLATES <input checked="" type="checkbox"/> TRANSFER PLATES <input type="checkbox"/> NEW PLATES <input type="checkbox"/> TITLE ONLY	RECIPROCITY ONLY G 3291990	PRORATE NO	TYPE ALL APPLICATIONS STAPLE HERE
LICENSE PLATE NO 22-0001M		BRAND CODE	

OFFICE VALIDATION



MISSOURI DEPARTMENT OF REVENUE

APPLICATION FOR MISSOURI TITLE AND LICENSE

ORIGINAL <input checked="" type="checkbox"/>	Duplicate <input type="checkbox"/>	NON-NEGOT. <input type="checkbox"/>	REPOSSESSED <input type="checkbox"/>	CORRECTED <input type="checkbox"/>	MECHANIC LIEN <input type="checkbox"/>	SALVAGE <input type="checkbox"/>	DUP. SALVAGE <input type="checkbox"/>	JUNK <input type="checkbox"/>	DUP. JUNK <input type="checkbox"/>	<input type="checkbox"/> TRANSFER ON DEATH (TOD)	<input type="checkbox"/> TENANTS IN COMMON
---	---------------------------------------	--	---	---------------------------------------	---	-------------------------------------	--	----------------------------------	---------------------------------------	--	--

OWNER	OWNER'S NAME - LAST, FIRST, MIDDLE (ONLY FIRST 38 POSITIONS WILL PRINT ON TITLE) INCLUDING TOD Mo Dept of Mental Health						TOD BENEFICIARIES, IF APPLICABLE					
	STREET ADDRESS, R.R. OR P.O. BOX NUMBER 1706 E Elm St						COUNTY Cole		FLEET NUMBER		L/R NUMBER	
	CITY, STATE, ZIP CODE Jefferson City MO 65109						OUTSIDE CITY LIMITS? <input type="checkbox"/> YES		TELEPHONE NUMBER 573-751-4123			
							SOCIAL SECURITY/FEIN NUMBER		PRICE \$ 15,500			

VEHICLE	YEAR 96	MAKE Ford	VEHICLE IDENTIFICATION NUMBER (IF TYPING, DISREGARD BLOCK CONSTRAINTS) 1FALP52UXSG241330						BODY STYLE Fodor		REBATE \$	
	COLOR Blue	FUEL G	<input checked="" type="checkbox"/> G - GAS <input type="checkbox"/> D - DIESEL <input type="checkbox"/> N - NATURAL	<input type="checkbox"/> P - PROPANE <input type="checkbox"/> E - ELECTRIC <input type="checkbox"/> O - OTHER	GVWR OVER 16,000 LBS <input type="checkbox"/> YES	IF NEW, LIST GVWR	MILEAGE 19	CODE	PURCHASE DATE 12-15-97		VEHICLE TRADE-IN \$	
	KIND OF VEHICLE P - PASSENGER M - MOTORCYCLE T - TRUCK C - TRICYCLE D - TRAILER R - REC. VEHICLE B - BUS A - ATV		<input checked="" type="checkbox"/> NEW (MSO) <input type="checkbox"/> USED (TITLE)	PREVIOUS TITLE NUMBER MSO		STATE	ZONE	<input type="checkbox"/> L - LOCAL <input type="checkbox"/> F - FARM	<input type="checkbox"/> B - BEYOND LOCAL <input type="checkbox"/> S - SHUTTLE <input type="checkbox"/> T - TRANSIT	GR. WT. OR SEATING CAPACITY	OTHER CREDIT \$	
	K.O.V. P		CYL. 6	H.P. 29	TAB NUMBER		EXP. MO.	EXP. YR.	SPECIAL P	NET PRICE \$		

LIEN / MAIL TO	FIRST LIEN VEH. SUB. TO LIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRST LIEN DATE	<input type="checkbox"/> MAIL TITLE TO ADDRESS <input checked="" type="checkbox"/> BELOW. NO LIEN ON VEHICLE.		LIENHOLDER'S TELEPHONE NO.	SECOND LIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	SECOND LIEN DATE
	1 NAME Rolla Regional Center		2 SECOND LIENHOLDER NAME					
	STREET ADDRESS, R.R. OR P.O. BOX NUMBER P O Box 1098		STREET ADDRESS, R.R. OR P.O. BOX NUMBER					
	CITY, STATE, ZIP CODE Rolla MO 65402		CITY, STATE, ZIP CODE					

TRADE-IN / TRANSFER	<input type="checkbox"/> TRADE-IN	YEAR 87	MAKE Chev	VEHICLE IDENTIFICATION NUMBER 1G1AW81W1H6284549			All motor vehicle records are currently open to the public; however, you may protect the personal information on your motor vehicle records from release for public use or bulk mailing by completing form DOR-4673, Restriction of Personal Information.		FEES	
	<input checked="" type="checkbox"/> LICENSE TRANSFER	LICENSE NUMBER 22-0001M		EXP. YEAR 99	H.P.	TITLE NUMBER LA952436			LICENSE FEE \$	RESERVATION FEE \$

OWNER SIG.	If this motor vehicle is registered at the time application for title is made, my signature shall certify that I have and will maintain, during the period of registration, financial responsibility with respect to each motor vehicle that I own, license or operate on the streets or highways. You must present the original or a copy of your insurance card or other acceptable proof of financial responsibility. Any false affidavit is a crime under Section 575.050 of Missouri law.						SIGNATURE OF ONE OWNER REQUIRED "I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE." <i>x Bill Brown Title Clerk</i>		ADDITIONAL H.P./DR/DRX \$
									TRANSFER FEE \$ N/F

SELLER	MO DEALER NUMBER	DEALER NAME	CITY, STATE, ZIP CODE	TELEPHONE NUMBER
	"I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE."			SIGNATURE OF DEALER OR REPRESENTATIVE
NOTARY DUP. TITLE ONLY	DUPLICATE TITLE ONLY - COMPLETE REASON AND NOTARIZE. NOTARY INFORMATION APPLIES TO APPLICANT'S SIGNATURE. <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED <input type="checkbox"/> NEVER RECEIVED - LOST IN MAIL			IS THIS A NON-TAXABLE TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	NOTARY PUBLIC EMBOSSESSOR OR BLACK RUBBER STAMP SEAL			FOR OFFICE USE ONLY
	STATE MO			WGT. OF PLATES FORM 2290
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 19			PP <input type="checkbox"/> EIN <input type="checkbox"/> FMCSR
NOTARY PUBLIC SIGNATURE			MY COMMISSION EXPIRES	SAFETY <input type="checkbox"/> EMISSION
NOTARY PUBLIC NAME (TYPED OR PRINTED)				MILEAGE DATE
BRANCH OFFICE VALIDATION ONLY				FILE REFERENCE NUMBER
				STATE TAX \$ #8
<input type="checkbox"/> APPROVE <input type="checkbox"/> REJECT				SITE CODE
INS. VERIFIED BY				AGENT FEE
				TOTAL \$ N/F

FOR ILLUSTRATION PURPOSES ONLY

ATTACHMENT B

Missouri Motor Vehicle Inspection APPROVAL CERTIFICATE				
...SEE INFORMATION ON REVERSE SIDE...				
VEHICLE OWNER'S NAME Dept. of Mental Health				
STREET 1706 E. Elm St.				
CITY Jefferson City		COUNTY Cole		
VEH YR 82	MAKE CHIEV	ODOMETER READING 54,144	GVWR (if exempt from emiss insp) 1	
VEH ID NO. 1G1C1S11418161C21152074				
BODY STYLE <input checked="" type="checkbox"/> Car		FUEL TYPE GAIS		
<input type="checkbox"/> School Bus		<input type="checkbox"/> Motorcycle		
<input type="checkbox"/> Truck/Bus		<input type="checkbox"/> Trailer		
DEFECTS				
CODE	DEFECTIVE PART	PART COST	LABOR COST	TOTAL
	ID/OD Verification			
BRAKE INSPECTED <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR			TOTAL COST \$	
INSPECTION STA Tony's Service		STA NO. 026999		
CITY WHERE INSPECTED Jefferson City		DATE INSPECTED 11-28-97		
INSPECTOR'S PERMIT NO. 479520389		INSPECTOR'S SIGNATURE D Tony Smith		
REPAIR AUTHORIZATION				
I realize total repair cost is an estimate and repairs are not required to be performed at this station, but I authorize the above establishment to repair my vehicle.				
OWNER'S SIGNATURE		DATE REINSPECTED		
REINSPECTOR'S PERMIT NO.		STICKER/DECAL NO.		
		L 26201		
REINSPECTOR'S SIGNATURE		CONTROL NO.		
		U 2184004		

FOR ILLUSTRATION PURPOSES ONLY

ATTACHMENT C


 MISSOURI DEPARTMENT OF REVENUE
 MOTOR VEHICLE BUREAU
 ODOMETER DISCLOSURE
 STATEMENT

 FORM
3019
 (REV. 10-92)

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failing to complete or providing a false statement may result in fines and/or imprisonment.

INSTRUCTIONS ON REVERSE

YEAR 1989		MAKE Chev		VEHICLE IDENTIFICATION NUMBER 1G1AW81W1H6284550	
TITLE NUMBER LA952439		STATE MO	MODEL Camero	BODY STYLE 2 Dr.	
If purchaser/seller is an agent/officer of a firm, record official position after printed name. The purchaser/seller should retain a copy of this odometer disclosure statement. If "Warning, Odometer Discrepancy" is checked, the seller must attach a statement explaining all facts regarding the discrepancy.					
PURCHASER(S) NAME (PRINTED OR TYPED) Mo Dept of Mental Health				DATE 7-13-89	
ADDRESS 1706 E Elmt St Jefferson City MO 65109					
SELLER(S) (FIRM) NAME (PRINTED OR TYPED) ABC Auto Sales				DEALER NO D9999	
ADDRESS 1414 Main St Jefferson City MO 65105					
ODOMETER READING (NO TENTHS) 87,000		I state that the odometer now reads the aforementioned miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the following statements is checked: <div style="float: right;"> <input type="checkbox"/> Mileage in excess of its mechanical limits <input type="checkbox"/> Mileage reading not actual (WARNING, ODOMETER DISCREPANCY) </div>			
SIGNATURE OF PURCHASER(S) <i>Bill Brown</i> <i>Title Clerk</i>			SIGNATURE OF SELLER(S) <i>ABC Auto Sales</i> <i>John Smith Salesman</i>		
PRINTED NAME(S) BY PURCHASER(S) Bill Brown Title Clerk			PRINTED NAME(S) BY SELLER(S) ABC Auto Sales John Smith Salesman		
PURCHASER(S) NAME (PRINTED OR TYPED)				DATE	
ADDRESS					
SELLER(S) (FIRM) NAME (PRINTED OR TYPED)				DEALER NO	
ADDRESS					
ODOMETER READING (NO TENTHS)		I state that the odometer now reads the aforementioned miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the following statements is checked: <div style="float: right;"> <input type="checkbox"/> Mileage in excess of its mechanical limits <input type="checkbox"/> Mileage reading not actual (WARNING, ODOMETER DISCREPANCY) </div>			
SIGNATURE OF PURCHASER(S)			SIGNATURE OF SELLER(S)		
PRINTED NAME(S) BY PURCHASER(S)			PRINTED NAME(S) BY SELLER(S)		
PURCHASER(S) NAME (PRINTED OR TYPED)				DATE	
ADDRESS					
SELLER(S) (FIRM) NAME (PRINTED OR TYPED)				DEALER NO	
ADDRESS					
ODOMETER READING (NO TENTHS)		I state that the odometer now reads the aforementioned miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the following statements is checked: <div style="float: right;"> <input type="checkbox"/> Mileage in excess of its mechanical limits <input type="checkbox"/> Mileage reading not actual (WARNING, ODOMETER DISCREPANCY) </div>			
SIGNATURE OF PURCHASER(S)			SIGNATURE OF SELLER(S)		
PRINTED NAME(S) BY PURCHASER(S)			PRINTED NAME(S) BY SELLER(S)		
PURCHASER(S) NAME (PRINTED OR TYPED)				DATE	
ADDRESS					
SELLER(S) (FIRM) NAME (PRINTED OR TYPED)				DEALER NO	
ADDRESS					
ODOMETER READING (NO TENTHS)		I state that the odometer now reads the aforementioned miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the following statements is checked: <div style="float: right;"> <input type="checkbox"/> Mileage in excess of its mechanical limits <input type="checkbox"/> Mileage reading not actual (WARNING, ODOMETER DISCREPANCY) </div>			
SIGNATURE OF PURCHASER(S)			SIGNATURE OF SELLER(S)		
PRINTED NAME(S) BY PURCHASER(S)			PRINTED NAME(S) BY SELLER(S)		

FOR ILLUSTRATION PURPOSES ONLY

ATTACHMENT D

0228 Moore® - 0305 CRC



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE BUREAU
APPLICATION FOR LICENSE
ONLY

FORM

184

(REV. 3-97)

LICENSE PLATE NUMBER

22-0001M

VALIDATION ONLY
(DO NOT WRITE HERE)

OWNER'S NAME - LAST, FIRST, MIDDLE

Mo Dept of Mental Health

ADDRESS CHANGED SINCE LAST RENEWAL?

☐ YES ☐ NO

STREET, RR, OR P.O. BOX NUMBER

1706 E Elm St

COUNTY

Cole

CITY

Jefferson City

STATE

MO

ZIP CODE

65109

TELEPHONE NUMBER

573-751-4122

TYPE OF REGISTRATION (CHECK ONE ONLY)

NEW

SPECIAL

RENEWAL

TRANSFER

CHG. WT./ZONE

CHG. WT./ZONE AND TRANSFER

Reg. PL

☐ J☐ Z☐ K☒ M☐ L☐ N☐ S

YEAR

96

MAKE

Ford

TITLE NUMBER*

TE172599

VEHICLE IDENTIFICATION NUMBER

1FMDA3JU9SZB74799

BODY STYLE

Sta W

FUEL

G

KIND OF VEHICLE

Pass

ODOMETER READING FROM INSP

24

PURCHASE DATE

2-1-98

PASSENGER

TRUCK/BUS

TAB NUMBER

EXP. MO.

EXP. YEAR

CYL.

H.P.

ZONE

GR. WT./SEAT

WT OF PLATES FORM 2290

6

29

EXPIRED/SURRENDERED/TRANSFERRED LICENSE

LICENSE NUMBER

22-0001M

EXP. YEAR

99

ZONE

GR. WT./SEAT

LICENSE TRANSFER INFORMATION

YEAR

89

MAKE

Ford

VEHICLE IDENTIFICATION NUMBER

1F88SD12567891155

TITLE NUMBER

LD23951

H.P.

*I certify that the statements herein are true to the best of my knowledge. I also certify that I have and will maintain, during the period of registration, financial responsibility with respect to each motor vehicle that I own, license or operate on the streets or highways.

SIGNATURE OF OWNER

X *Bill Brown Title Clerk*☐ PP☐ SVEI☐ FHVUT☐ FMCSR

ATTACHED

☐ NUA☐ RA☐ OOS

*If no title number, show office number and validation date of your application for title in the remarks section.

REMARKS

VERIFIED BY:

FEES

LICENSE FEE

\$

RESERVATION FEE

\$

ADD'L H.P. FEE

\$

TRANSFER FEE

\$

FAIL TO TRANS. FEE

\$

RENEWAL PENALTY

\$

TOTAL FEES

\$ N/F

DIST. AMOUNT

\$

MO 860-0351 (3-97)

FOR ILLUSTRATION PURPOSES ONLY

ATTACHMENT E



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE BUREAU
APPLICATION FOR REPLACEMENT PLATE(S)/TAB(S)/
SECOND PLATE

SEE INSTRUCTIONS
ON REVERSE

*ANY FALSE STATEMENT ON THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY BE PUNISHED BY FINE, IMPRISONMENT, OR BOTH.
(301.420 RSMO)

VALIDATION AREA

TYPE OF TRANSACTION

☒ REPLACEMENT PLATES/TABS ☐ SECOND PLATE ONLY (See reverse)

OWNER INFORMATION

OWNER'S NAME (LAST, FIRST, MIDDLE)

Mo Dept of Mental Health

STREET ADDRESS

1706 E Elm St

COUNTY

Cole

CITY

Jefferson City

STATE

MO

ZIP CODE

65109

TELEPHONE

(573) 751-4122

VEHICLE INFORMATION

YEAR

98

MAKE

Ford

VEHICLE IDENTIFICATION NUMBER

1FALP52UXSG241330

TITLE NUMBER

QR123456

BODY STYLE

Sedan

KIND OF VEHICLE

Pass

IF TRUCK / BUS
ZONE / GR. WT. / SEAT

LICENSE NUMBER

22-0001M

TAB NUMBER

EXP. MONTH

EXP. YEAR

99

NEW TAB NUMBER

REPLACEMENT PERMIT NO.

TOTAL FEES

N/F

REPLACEMENT PLATE INFORMATION

DO NOT USE THIS FORM IF PLATES ARE BEING
ISSUED FROM STOCK - USE FORM DOR-184

PLATES NEEDED

☒ ONE ☐ TWO

CHANGE OF ADDRESS

☐

TABS ONLY

☐

REASON REQUIRED

☒ LOST ☐ STOLEN ☐ MUTILATED ☐ DESTROYED ☐ NEVER RECEIVED

NOTARY PUBLIC EMBOSSEER SEAL OR
BLACK RUBBER STAMP

notary's seal
or
Rubber Stamp

STATE OF MISSOURI

SUBSCRIBED AND SWORN BEFORE ME, THIS

10th day of July, 1998

NOTARY PUBLIC SIGNATURE

Susan Link

MY COMMISSION EXPIRES

9-20-99

NOTARY PUBLIC NAME (TYPED OR PRINTED)

Susan Link

COUNTY (OR CITY OF ST. LOUIS)

Cole

I HEREBY CERTIFY THAT THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER REQUIRED

Bill Brown Little Clerk

FOR OFFICE USE ONLY

APPLICANT LAST RENEWED THIS REGISTRATION ON (DATE) _____ AT THE OFFICE.

APPLICANT PRESENTED DOCUMENTED PROOF THAT THE ABOVE VEHICLE IS CURRENTLY REGISTERED AND THE
REGISTRATION IS CURRENT FOR THIS PERIOD AS WITNESSED BY:

AGENT'S SIGNATURE

DATE

REMARKS